MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049056
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 174

FILED JAN 2 1964

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood, Mo.
Length of stay in 1b: n/a
c. FULL NAME OF HOSPITAL OR INSTITUTION: 63 Epps Street
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Georgia b. COUNTY Fulton
c. CITY OR TOWN Atlanta
Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 4089 Fairburn Ave, Southwest
Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First Clifford Middle Brooks Last Shroyer

4. DATE OF DEATH: Month December Day 21 Year 1963

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. Married XX Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 17Dec1900

9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rehabilitation Consultant

10b. KIND OF BUSINESS OR INDUSTRY: Georgia Dept of Public Health

11. BIRTHPLACE (City and state or country): Montpelier, Vermont

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Samuel Lewis Shroyer

13b. MOTHER'S MAIDEN NAME: Margaret M. Snyder

14. NAME OF HUSBAND OR WIFE: Mary Emma Shroyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: 63 Epps Street, William L. Smith, Ft Leonard Wood, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I never attended the deceased from ____ to ____ and never saw him alive on ____
Death occurred at 8:13p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert A. Ist. Capt. MC

22b. ADDRESS: US Army Hospital, Fort Leonard Wood, Missouri

22c. DATE SIGNED: 23 Dec. 63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12-22-1963

23c. NAME OF CEMETERY OR CREMATORY: Lawn Hill Cemetery

23d. LOCATION (City, town, or county) (State): Atlanta Geo.

24. FUNERAL DIRECTOR ADDRESS: Moss-Williams Crocker Mo

25. DATE RECD. BY LOCAL REG.: 12-23-63

26. REGISTRAR'S SIGNATURE: Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

Coroner's certificate

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clarence F Moss

Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.